

April 4, 2006

Date



MODIFIED PTO/SB/83 (06-03)

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	09/921,595	
Confirmation Number	9500	
Filing Date	August 6, 2001	
First Named Inventor	SLAGE, IRENA	
Art Unit	2157	
Examiner Name	Abdullahi Elmi SALAD	
Attorney Docket Number	A7949	

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	Attorney Docket Number	A7949	
To: Commissioner for Patents P.O. Box 1450			
Alexandria, VA 22313-1450			
I hereby apply to withdraw as attorney or agent for the above identified patent application.			
The reasons for this request are:			
Long term non-payment for services.			
CORRESPONDENCE ADDRESS			
1. The correspondence address is NOT affected by this withdrawal.			
2. Change the correspondence address and direct all future correspondence to:			
Ms. Irene Slage, Firelogic, Inc., 1776 I Street, N. W., Suite 900, Washington, D.C. 20006			
☑ This request is made on behalf of myself and			
☑ all the attorneys/agents of record,			
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or			
☐ the attorney/agents associated with Customer Number			
WASHINGTON OFFICE			
23373			
CUSTOMER NUMBER			
This request is enclosed in triplicate (including any attachments).			
Name Richard C. Turner			
Signature /Richard Turner/	Re	g. No. 29,710	

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.